

A LETTER FROM THE CO-CHAIRS

As co-chairs for the Transitions 2002 Restructuring Initiative Workgroup (RIW), we thank the Indian Health Service (IHS) for ensuring the voice of American Indian and Alaska Native people is heard in designing and restructuring the health care delivery system that serves them.

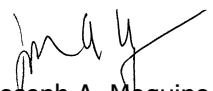
The Interim RIW report that was distributed to Indian Country in June 2002 addressed the Department of Health and Human Services (HHS) proposals to consolidate portions of the IHS into HHS. Because reforms in recent years had downsized the IHS administrative work force by more than half, we did not endorse HHS proposals. The main concern is that consolidation within HHS will reduce resources for Indian health and make Indian health disparities and funding gap worse, not better. The interim report offered alternatives to achieve HHS policy goals without loss of resources from the IHS. We also proposed a 5-year initiative to eliminate Indian health disparities beginning with steps to double funding to bring Indian health care resources in line with other Americans.

Since June, we have continued exploring detailed options for what the Indian health care system should look like in 5-7 years. Our final report recommends a new balance among treatment and rehabilitation, disease prevention, and public health programs. To prepare for this new balance, reforms of the work force, facilities, technological infrastructure, and administrative support systems are identified. A key principle is reinvestment of all restructuring "savings" to expand services to the already underserved Indian population. Among options for the next 5 years is regionalization of some administrative functions, streamlining facilities design, augmenting technology infrastructure, incorporating successful business practices, and measures assisting Tribes obtain all resources for which they are eligible.

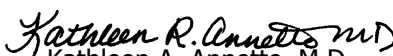
We provide this report to the IHS with an understanding that its recommendations will be made available for consultation with Indian Country. The next big step is for the IHS to consult with tribes, Indian health organizations, and Indian people and consider all views and suggestions before adopting any recommendations that affect the Indian health care system.

We considered complex issues and difficult challenges. We have worked hard to fulfill our charge to "recommend design changes to IHS that will advance the health of all Indian people by considering representative views from throughout Indian Country." Given the time available to us, we believe we have come up with a realistic guide for change. Even though our part is nearly done, the process is far from over. Consultation undoubtedly will produce even more ideas for consideration and much work to develop detailed transition plans remains.

On behalf of all the Workgroup members, we extend our appreciation to the people of Indian Country. Representing you was a great honor.



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Council Member, San Juan Pueblo
Tribal Co-Chair



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Federal Co-Chair